>>>> ATTACH W-2 FORMS HERE FACING OUT <<<<

AND COMPLETE.

Signature of Person Preparing, if Other Than Taxpayer

Address or Name and Address of Firm

City	Ωf	North	Canton,	Ohio	Income	Tav	Patura
City	V)	INDILL	vanton,	UIIIU	micome	ıax	neturn

For calendar year ending December 31, 2010

DUE DATE - APRIL 15, 2011

MAKE NAME AND ADDRESS CORRECTION

File this return on or before April 15, 2011 or within 4 months of close of fiscal year.

Requests for extensions must be submitted in writing on or before April 15, 2011.

2010

www.northcantonohio.com 145 N. Main St. North Canton, Ohio 44720 330-499-3467 Fax: 330-499-2960	Refund Code\$ Tax\$ Est Check						
TAXPAYER SOCIAL SECURITY NO. SPOUSE SOCIAL SECURITY NO.	Process B	У					
FID#: Are you or the business entity a resident? (Did you move into or out of N. Canton during the Date Moved INTO North Canton	ne year? () Yes (
Previous Address							

1. TOTAL WA	OTAL WAGES (ALL W-2 COPIES AND 1099 COPIES MUST BE ATTACHED)				For Wages, Use Medicare Wage Box (see instructions)					
	EMPLOYER NAME	WHERE EMPL	_OYED	N. CANTON TAX WITHHELD			TAX PAI OTHER CIT	5 T	TOTAL W-2 1099 WAGE	
				_	WITHIEL	<u> </u>	OTTILITO	ES	1099 VA	3E8
						<u> </u>				+
										\dagger
			TOTALS	\$			\$		\$	
	Faxable Income (including gamb	ling winnings)					2. \$			
	ss Income:									
	Rental Income from Page 2 (Atta			3A.						
 B. Net Profit from Business from Page 2 (Attach Federal Forms) C. Partner's Distributive Share of Partnership Income (Attach K-1's) 				3B.	\$					
	ranner's Distributive Share of Pa otal Business Income	artnership Income (Attach K-1's)		3C.	\$		3D. \$			
	iness or rental losses may not	he used to affect wares					3D. \$			
4. Deduct		the used to offset wages.								
		or out of North Canton or prior to 18	8th hirthday	4A.	\$					
В. А	llowable 2106 Expenses - See in	nstructions (Attach Form 2106 and	Schedule A)	4B.	\$					
5. Taxable Income (Add lines 1, 2 and 3D and subtract lines 4A and 4B)					-		5. \$ 6. \$			
	anton City Tax (1.5% of Line 5)	,					6. \$			
7. Credits										
	orth Canton Tax withheld by em			7A.	\$					
		ot to exceed 1.5% of income taxes	In that City)	7B.	\$					
	ayment of Declaration of Estima	ted Tax (or Credit Carryover)		7C.	\$		7D. \$			
D. Total Credits (Add A, B, C)							7D. \$			
	Tax Due, If Line 6 exceeds line	· · =		_			8. \$			
9. Overpayment Claimed, If Line 7D exceeds Line 6				9.	· 					
10. CREDIT to 2011 estimate (if no estimate due use Line 11) 11. To be REFUNDED (if estimate due use Line 10) 11. \$			11. \$	10.	\$					
	der eighteen, need proof of ag		Π. Ψ							
		ostmarked after April 15th, enter	\$25 00 fine				12. \$			
13. Penalty	\$(1/2% per month)	Interest \$(1/2% p	er month) Estimate Pa	R 1 S			Total 13. \$			
		N FULL WITH THIS RETURN		Ψ_			14. \$			
14. Total all		No taxes or refunds of less than \$2.00	shall be collected or refund	ded			ι-τ. ψ			
		MANDATORY DECLAR	ATION OF ESTIMATED	TAX	FOR 2011	Ī				
	Total income subject to North	(Subject to interest and pend Canton tax \$@1	alties if not filed and pa	id-se	e instruc	tions)		1 C		
Must be filed if	2. LESS TAX TO BE WITHHEL	D	10 / 5					ν. Ψ_		
city income tax	A. By a North Canton emplo B. By an employer in	-	-		2A. \$ 2B. \$					
is not withheld by your	By an employer in Balance estimated North Car				دن. ¢			3. \$		
employer	4. LESS CREDITS: A. Overp	payment on Prior Year Return	4A. \$ 4B. \$					-		
	B. Other 5. Net Tax Due (line 3 less total	(Specify) of line 4)	4B. \$			Total	Credits	4. \$ 5. \$		
	Amount paid with this return (n	of line 4) ot less than 25% of line 5) (Make payable t	o City of North Canton)					6. \$ -		
	7. Balance of Tax				7. \$			-		

Date

Signature of Taxpayer or Agent Required

Spouse's Signature

Date

Date